

216021315
100011

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 075	Agency Case No. B6-045945	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/25/2016		TIME OF ACCIDENT 1659	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1659	05/26/2016		
B	75	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N 10/P-Q		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE		
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
				170.00	X	S curb of Q St	
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M		MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1							
F	1	DRIVER LICENSE NO.	H12841892	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V1/N	1	DRIVER NICHOLAS A WERTZ		PHONE	402045002341	LOCAL NO.	
V2/N		DRIVER ADDRESS 501 N 81ST ST, LINCOLN, NE 68505		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	05/10/1986	
G	4	OWNER NICHOLAS A WERTZ		PHONE	402-450-2341	LOCAL NO. 05-10-1986	
H	5	OWNER ADDRESS 501 N 81st St, LINCOLN, NE 68505		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/O	1	LICENSE PLATE PA NO.	TKE825	YEAR (Plate Expires)	2017	STATE (Of Plate) NE	
V2/O		VEHICLE	2002	MAKE Ford	MODEL Expedition	BODY STYLE Medium/large	
V1/O	1	VEHICLE ID NO. (VIN)	1FMFU18L52LA72117	COLOR	black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 10	
V2/O		TOWED TO		TOWED BY		INSURANCE COMPANY Progressive	
I	1	VEHICLE NO. 2					
V1/P	1	DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	
V2/P		DRIVER		PHONE		LOCAL NO.	
V2/P		DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
J	01	OWNER		PHONE		LOCAL NO.	
V1/Q	4	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)	
V2/Q		VEHICLE		MAKE	MODEL	BODY STYLE	
V2/Q		VEHICLE ID NO. (VIN)		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOALED \$	
K	03	TOWED TO		TOWED BY		INSURANCE COMPANY	
				POLICY NO.			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	0	NAME	Thomas L Kasper 1508 S Larkspur Trl, Sioux Falls, SD 57106	DATE OF BIRTH (MM / DD / YYYY)	08/24/1995	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. #		NAME		ADDRESS			
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME		EMS RUN REPORT NO.	
VEH. #		NAME		ADDRESS			
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME		EMS RUN REPORT NO.	

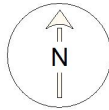
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-045945

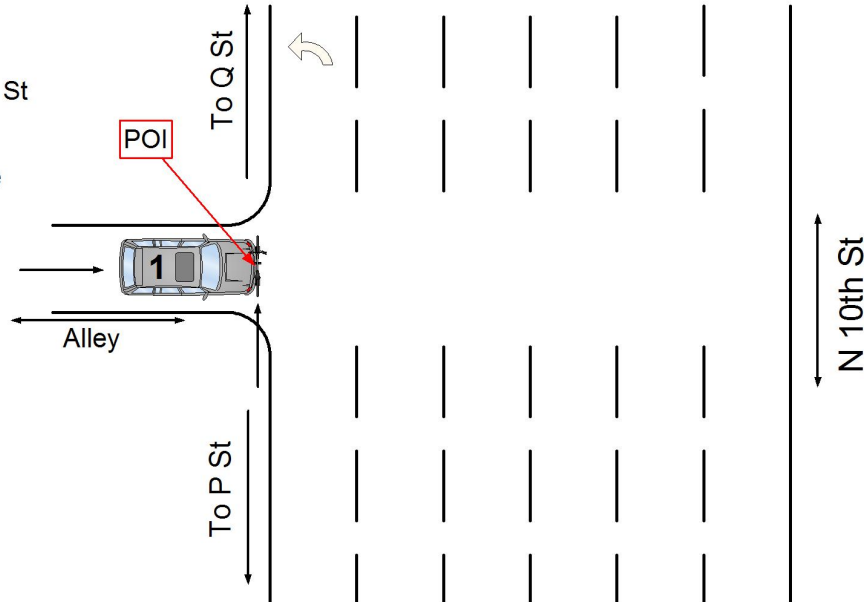


Indicate
North
by Arrow



POI
170ft S of S curb of Q St
Even with W curb of N 10th St
Width of N 10th St: 61ft

Measurements approximate
Drawing not to scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was traveling WB in the alley towards N 10th St. Kasper was riding his bicycle NB along the sidewalk of N 10th St, crossing the alley when he was struck by V1. Officer observed the accident while NB on N 10th St between P and Q. Kasper reported some pain to his shins. Kasper was cited and released for riding a bicycle on the sidewalk in a congested area.

PROPERTY	OBJECT DAMAGED Bicycle marred	OWNER NAME Thomas L Kasper 1508 S Larkspur Trl, Sioux Falls, SD 57106	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$ 20
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 1		VEH 2		
1			X		Alley, P-Q, 9-10								4		2		
2																	
1	01				06 Turning left				POINT OF IMPACT		01		POINT OF IMPACT				
2					08 Entering traffic lane				MOST DAMAGED AREA		01		MOST DAMAGED AREA				
				01 Essentially straight ahead				00 None				02		03		04	
				02 Backing				09 Top & windows				01		05		06	
				03 Changing lanes				10 Undercarriage				08		07		06	
				04 Overtaking/ Passing				11 Total (all areas)									
				05 Turning right				12 Other									
				13 Unknown													

OFFICER NO. 1747	TROOP/ TEAM/ BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jacob Woodworth		INVESTIGATOR SIGNATURE Approved by Officer Jacob Woodworth	DATE OF REPORT 05/26/2016